

## Team Member COVID-19 PCR Test Request Form

*Please complete at time of swabbing and send with specimen to the laboratory.*

Date: \_\_\_\_\_

- \* *Please be sure to get the correct date of birth and spelling of the team member's name*
- \* *Please ensure the form and specimen labelling match*

Team Member Full Legal Name (PRINT): \_\_\_\_\_

Team Member DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

When is team member next scheduled to work (Date and Time)?

\_\_\_\_\_

\*If scheduled within the next 4 hours, contact # team member can be reached with results: \_\_\_\_\_

**Place of Swabbing:**

Pre-Procedure Testing Center (Asymptomatic/Exposed) ☐ *Send Out-PCR*

Decontamination Room (Symptomatic) ☒ *In-House Rapid PCR*

OTHER: ☐

Standing orders are provided by Occupational Health Physician for all Team Member Exposures and Symptomatic Testing.